



P.O. Box 209
6 East Pennsylvania Avenue
Lovettsville, Virginia 20180
(540) 822-5788

Swimming Pool Application (Zoning Permit for Pool/Spa)

**Fee: \$75 Above-ground
\$150 In-ground**

Property Owner's Name: _____

Address (Mailing) _____ E-Mail: _____

Town/City: _____ State: _____ Zip: _____

Telephone: Work _____ Mobile _____ Fax _____

Owner's Representative (If Applicable): _____

Address (Mailing) _____ E-Mail: _____

Town/City: _____ State: _____ Zip: _____

Telephone: Work _____ Mobile _____ Fax _____

Subject Parcel Information:

Location (Street Address): _____

PIN (Property Identification Number): _____ Zoning District: _____

Type of pool/spa: In-ground <input type="checkbox"/> Above-ground <input type="checkbox"/>	Is property currently served by municipal water and sewer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Will there be any grading or land disturbance activity on the subject property?: Yes No

Description of Swimming Pool/Spa and Fence or Other Enclosure (Indicate pool area (in sq. ft.) and maximum depth, area of decks and patios, height and material of proposed and required fencing, etc.):

PLEASE INCLUDE A LOCATION PLAN SHOWING THE LOCATION OF THE IMPROVEMENTS IN RELATION TO THE PRIMARY STRUCTURE AND DISTANCE FROM PROPERTY LINES

***SWIMMING POOLS ARE SUBJECT TO REQUIREMENTS OF 42-291 OF THE ZONING ORDINANCE**

****FENCES ARE SUBJECT TO REQUIREMENTS OF SECTION 4-290 OF THE ZONING ORDINANCE**

PROPERTY OWNER IS REQUIRED TO OBTAIN A BUILDING PERMIT FROM LOUDOUN COUNTY AS APPLICABLE

I hereby certify that I am the property owner and this application in all its parts, including the accompanying development plan proposal, is complete, correct and in compliance with the applicable Town of Lovettsville Ordinances, to the best of my knowledge. I acknowledge responsibility for all engineering, legal, zoning and planning review fees incurred by the Town in connection with the review of this application, and all outstanding debts owed to the Town of Lovettsville and Loudoun County have been paid prior to filing this application.

Signature of Property Owner(s)	Printed Name of Property Owner(s)	Date
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(Attach sheet for additional property owners with their printed name(s) and date)

Approved by the Zoning Administrator: _____ Date: _____

-----Office Use Only-----

Date Application Received _____	Application Complete _____	Application Fee Paid _____
Loudoun County Personal Property Taxes Paid _____	All Fees/Taxes Owed to Town Have Been Paid (Including Auto Decal) _____	